

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

305
Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 8-31-98

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ETHICS
CLERK
TICKET

1. NAME PETERZ NICHOLAS (NMI)
Last First MI
2. BUSINESS PHONE (225) 747-7445
3. BUSINESS ADDRESS 423 DENTATION DR. BATON ROUGE, LA 70808
Street and No. City State Zip
4. EMPLOYER NICK PETERZ & ASSOCIATES
5. EMPLOYER'S ADDRESS 423 DENTATION DR. BATON ROUGE, LA 70808
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LA RETAILERS ASSOCIATION
- Address P.O. Box 44034 B.R., LA 70804
- Business or purpose TRADE ASSOCIATION

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of APRIL 24, 1998

HAND DELIVERED

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2. Name NICK PEREZ & ASSOCIATES
 Address 423 DEMATION DR B.R. LA 70808
 Business or purpose GOVERNMENT RELATIONS FIRM

☒ New Representation
 Does this person pay you? L

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name LA RETAILERS MUTUAL INSURANCE COMPANY
 Address P.O. Box 80439 B.R. LA 70808-0439
 Business or purpose INSURANCE COMPANY

☒ New Representation
 Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Nicholas Perez, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Nicholas Perez
 Signature of Lobbyist

Sworn to and subscribed before me on this 31st day of August, 19 98.

Ann Briceau Braguer
 Notary Public